

## COMMONWEALTH OF KENTUCKY TOURISM, ARTS AND HERITAGE CABINET

## REQUEST TO INSPECT PUBLIC RECORDS FORM OPEN RECORDS REQUEST (KRS CHAPTER 61)

REQUESTOR'S INFORMATION:	Today's Date:
Printed Name	Company Name
Mailing Address, City/State amd ZIP code	
Phone Number	Fax Number
Email	
I request to inspect document(s) pertaining	to the following:
(Name of Party/Cabinet Agency/or description of documents to this form).	s. If more room is needed, please use a separate sheet of paper and attach it
Select One: Request for $\square$ non-commercial o	or $\square$ commercial purpose
If requested for commercial purpose, please d will be used:	escribe the commercial purpose for which the records
I hereby certify the information provided in th	is request to be true and accurate.
Requestor's Signature	Print name and date
SEND REQUEST TO: Tourism, Arts, and Heritage Cabinet	Choose your preferred method of receiving documents (choose only one):

Tourism, Arts, and Heritage Cabinet Office of Legal Affairs 500 Mero Street, 5th floor Frankfort, KY 40601

Frankfort, KY 40601 Phone: (502) 564-4270 Fax: (502) 564-1079

Email: TAH.openrecordsrequest@ky.gov

- ☐ Electronic (email) if responsive material is less than 5MB (free). If the material is more than 5MB, the cost is \$7.00 per flash drive.
- ☐ Paper Copies (.10¢ fee per page)
- ☐ Inspect documents onsite (free)
- \*Preference is <u>not</u> guaranteed and will be determined based upon the original format of the documents.